ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Wenzhi

2. Surname (Last Name)  
Wu

3. Date  
19-May-2020

4. Are you the corresponding author?  
☐ Yes  ✔ No

Corresponding Author’s Name  
Dong Hua, Zipu Hong

5. Manuscript Title  
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Dr. Wu has nothing to disclose.

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1. Given Name (First Name)  
   Shengnan

2. Surname (Last Name)  
   Xu

3. Date  
   19-May-2020

4. Are you the corresponding author?  
   ☑ No

   Corresponding Author's Name  
   Dong Hua, Zipu Hong

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Corresponding Author’s Name
Dong Hua, Zipu Hong

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Chen
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4. **Intellectual Property.**

   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Xiaoming

2. Surname (Last Name)  
   Chen

3. Date  
   19-May-2020

4. Are you the corresponding author?  
   [ ] Yes  [✓] No

   Corresponding Author's Name  
   Dong Hua, Zipu Hong

5. Manuscript Title  
   5-FU blocks shuttling of HuR mediated by PKCδ in gastric cancer cells

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Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?  

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Section 6. Disclosure Statement

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Dr. Chen has nothing to disclose.

Evaluation and Feedback

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Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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<td>Zipu</td>
<td>Hong</td>
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   Dong

2. Surname (Last Name)  
   Hua

3. Date  
   19-May-2020

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